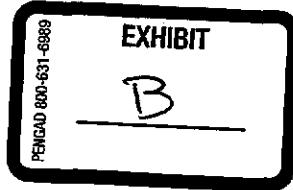
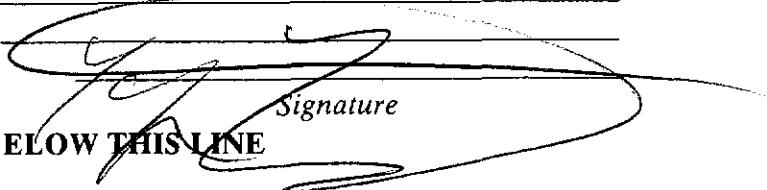




**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**



Print Name: Tony Fountain Date of Request: 2-20-06  
 ID # 152157 Date of Birth: 8-24-62 Location: E3-22  
 Nature of problem or request: I'M OCCASIONALLY NOTICING BLOOD  
IN MY STOOL ON SEVERAL OCCASIONS IN THE PAST  
two months.

  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 2/21/06  
 Time: \_\_\_\_\_ AM PM  
 Allergies: Motrin

RECEIVED  
 Date: 2/20/06  
 Time: 1000 hrs  
 Receiving Nurse Initials RS

**(S)ubjective:**

**(O)bjective (V/S):** T: 97<sup>6</sup> P: 80 R: 18 BP: 130/90 WT: 180

**(A)sessment:**



**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

pg 1



SC

**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Tony Fountain Date of Request: 4-23-06

ID # 152157 Date of Birth: 8-24-62 Location: F3-23

Nature of problem or request: On 2-20-06 I signed up to see doctor due to seeing Blood in my stool. I have been taxed with Co-PAyment and has been Collected. Now I'm seeing instead of spots I have notice Clots of Blood my situation has worsen. I was informed by the doctor to let you know my symptom had gotten worse.

*[Signature]*

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /  

Time:        AM PM

Allergies:       

RECEIVED

Date: 4/04/06

Time: 750pm

Receiving Nurse Initials JL

**(S)ubjective:**

**(O)bjective (V/S):** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)ssessment:**

*S/C  
x/2 S/10p  
ABRN  
9-24*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.**  
**SICK CALL REQUEST**

Print Name: Tony Fountz in Date of Request: 6-12-06  
 ID # 152157 Date of Birth: 8-24-62 Location: X-3-22

Nature of problem or request: Follow-up DW or about 6-6-06, Dr. present ordered me some medication to low my Bad Cholesterol level and told me to check the pill - Call window the following after-noon. & checked the window 211 of 1st week Only to be told My Name was not in the Books

*[Signature]* Signature

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /  

Time:              AM PM

Allergies:                 

RECEIVED

Date:

Time:

Receiving Nurse Initials                 

**(S)ubjective:**

**(O)bjective (V/S):** T:              P:              R:              BP:              WT:             

**(A)sessment:**

*Mt abov  
4/13/06*

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment      Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE  EMERGENCY

If Emergency was PHS supervisor notified: Yes  No

Was MD/PA on call notified: Yes  No

**SIGNATURE AND TITLE**

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: FountainTonyInmate Number: 152157 LastFirst 8, DD 24, YYYY 1962Date of Report: 2 121 06 MM DD YYYYTime Seen: \_\_\_\_\_ AM / PM Circ One

Subjective: Chief Complaint(s): I have blood on the tissue when using bathroom  
 Onset: X several months

Brief History: History of GI bleeding  
(Continue on back if necessary)

 Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 97<sup>6</sup> P: 80 RR: 18 B/P: 130 190

Examination Findings: A+O - No clo dizziness or weakness  
(Continue on back if necessary)  
St & blood seen in commode. More  
Concern about Colon CA + having a Colonoscopy  
due to age

 Check Here if additional notes on back

Assessment: (Referral Status)      Preliminary Determination(s): \_\_\_\_\_

 Referral NOT REQUIRED Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint) Other: \_\_\_\_\_

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

 Instructions to return if condition worsens. Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up.  YES  NO (If NO then schedule patient for appropriate follow-up visits) Other: \_\_\_\_\_

(Describe)

OTC Medications given  NO  YES (If Yes List): \_\_\_\_\_Referral:  NO  YES (If Yes, Whom/Where): \_\_\_\_\_ Date for referral: \_\_\_\_\_Referral Type:  Routine  Urgent  Emergent (if emergent who was contacted?): \_\_\_\_\_x Helen Lightner RN  
Nurses SignatureName: Helen Lightner Printed: \_\_\_\_\_Time: 11:00 AM Date: 11/22/06



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
3/21/06	Fountain, Tony 152157	8/26/63
3/21/06	20xhp D.R.E W+180	
	(S) 42 1/2 yo BO presented to SC w/o rectal bleeding off & on for 2 months. 1 <sup>st</sup> SC for this was 2/20/06. Pt states the last blood passed was 2-3 days ago in spect of blood in stool. He reported to nursing staff that blood was on the toilet tissue. Pt denies constipation or change in stool. He denies h/o ulcers, Hemorrhoids, and anal fissures.	
	(D) Abd n/a	
	Abds-fd tender	
	NO inguinal hernias.	
	Rectal - NO anal intakes. ✓ Hemorrhoids	
	NO fissures	
	Prostate 2 <sup>+</sup>	
	spect of stool Hem <sup>+</sup>	
	(A) - Rectal bleeding	
	- 2 <sup>+</sup> Prostate	
	- Abn LF-1's ? (the weekly hep b prof test) / Scot-64	
	- Elevated lipids	Sept 11/9
4/13/06	Labs reviewed 04-05-06 labs repeat	
	138   103   ? 4.5   -   1.0	ALT 58↑ chol 249↑ AST 39 trig 115 Na 42 LDL 184↑





## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
6/7/06	Forentain Tony	8/126/63
	Follow up re labs - T 97.5°, wt 176 lbs, O <sub>2</sub> sat 97%, 5:40pm PnO <sub>2</sub> , R18, B/P 153/85 — S. Taylor (RN)	
	Seen by MD 6/6/06 - Does not run to the sun	
7/31/06	today — Hartman	
08/02/06	2041CPN: fl/a labs no show. Will re-sched 8/12-24.	
	Um submitted 07-03-06 per Dr. Pearson for	
	sigmoidoscopy w/t Hx rectal bleeding. Recommendations	
	Returned from Dr. McQueen to consider rectal	
	Sigmoidoscopy and/or BB 1st. Will resubmit	
	Um with Dr. Pearson's offices requesting colonoscopy	
	Evaluation. — D'Guiseppi	
08/02/06	Discussed w/ Dr. Carter sigmoidoscopy. He will send	
	Patient re colonoscopy need. — D'Guiseppi	
8/18/06	2041CPN: flu & BP 101-180 T- 97.8 P-68 R-20	
12:30	O <sub>2</sub> sat 97% 128/88 — Dr	
	Flu Hx - TBP last June - Normal	
	wt diet exercise today. Encouraged diet	
	not low fat diet, PT in tx Rectal	
	bleeding colonoscopy to be sched. Avoid	
	ASA & NSAIDS. Dries hemorrhoids.	
	show NOA	
	A: Systeopenia	
	- Rectal Glat Hx	
	P: cont nausea & vom	
	sched colonoscopy - um opend	
	vision screen	

Date/Time	Inmate's Name:	D.O.B.:	
8/29/06 9:30	209/CP re: eval et f/u 6m wt 185 P-60 R-20 os sat 99% B/P 144/96 — O. bar	T-97 <sup>4</sup>	
8/30/06	Same 2/06 PT. has had Membranous gl. prelenu. No Abd pain - No weight loss.		
	No known family w/o colonic dz or cancer.		
	Repeat CT's w/ C, blep. A, B & C w/ C		
	<u>Please</u> Strongly recommend a Colonoscopy w/ M ribs.		
9-21-06 2:50	209/CP re: eval wt 170 T-98 <sup>6</sup> P-80 R-20 os sat 99% B/P 128/100 — Dz	RRR	
9-26-06	209/CP re: appt made in error seen 9/21/06 — Dz		
9/29/06	Patients on trial dose of HCTx per Dr. Lewis & 30 days. will r/r if once daily x 14 days before reading contamination — Dz		



## PROGRESS NOTES

Date/Time

Inmate's Name: Founfain, Tony

D.O.B.: / /

10/17/06 8:04pm Escorted over for FWA. vs. D Sat-97%; HR-74; T-97.3; BP 140/90. Rh & p distress noted. *J. Parker, LPN*

10/18/06 0800am A 80x3, NAD noted, NPO. — 1.0g un-

10-18-06 Return from FWA - T 97.6, Osat 96%;

3pm P 84, R 18, B/P 140/88 — S Taylor PN

Pt back from fwa seeing Dr. Bianchi for consultation  
re: H/D broad in stool. Complaints voiced

Reviewed Dr. Bianchi's notes & he recommends going  
ahead w/ coronary. Will submit un. See Dr. S. Leed

10/20/06 20NCP re: flu B/p wt 176 T-97<sup>4</sup> P 72 *Spine cramp*  
10% R-20 Osat 98% B/P 138/84 — *DK*

Notes & complaints. Pt has HCTZ working well.  
Differential *ext: DSG/CE*.

Symp: C/P/B

CV: RR 30mg

AB: S/BSNT

AIP: 1) HTN

1) Cont HCTZ 25mg po qd  
2) 20 mg

*B. L.*



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
10/6/06 12:50	Fountain, Tony	/ /
	20x10% off lab / seen wt 183 T-974 P- 766 R- 20 osat 98% B/P 142/106 — 24	
	1. A. c/o Hematochezia 1 <sup>st</sup> notice 2/2006 = flats at times. Occasional dark at times but not melanotic, Dce: Abd pain.	
	<u>Lab</u> - Chem: profile      neg Chol. → 177      nor w/u Trig 89      Lb2-115	
	TSH → 6.035	
	GBC → w.b. 53	
	CBC      5.6 → 15.8      265 46.1	
	A1B① Hematochezia → Colonoscopy ordered. Pt. is hemodynamically stable - ② BP / HCN → resume HCTZ	
	③ Dyslipidemia → stable P/L bili +	



## Informed Consent to Medical Services

Inmate's Name: Fountain, Tony 152157  
Date of Birth: 8-26-63 Social Security No.: \_\_\_\_\_  
Date: 3/21/06 Time: 12p A.M.  
P.M.

I hereby authorize Prison Health Service, Inc. and Dr. Pease,  
(Print Physician's Name)

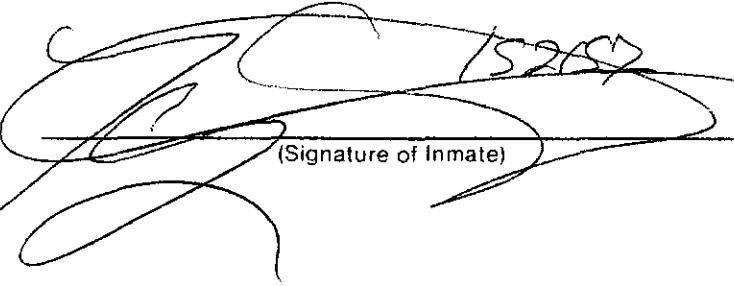
his assistant(s) or designee(s) to treat me as is necessary in his judgement.

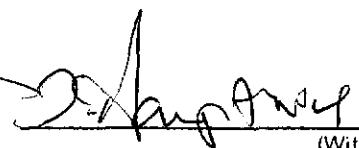
The procedure(s), Digital Rectal Exam, necessary to treat my condition has been fully explained to me by Dr. \_\_\_\_\_ and I understand the nature of, and risks associated with, this procedure(s). Briefly stated, they are: (Benefits) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Risks) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am aware that the practice of the medical sciences is not exact and I acknowledge that no guarantees have been made to me as to the results of this procedure(s). Alternate treatment methods and their consequences as well as the risks of refusing the described treatment(s) (if applicable) have been fully explained to me.

  
(Signature of Inmate)

  
(Witness)

Patient Name:	Fountain	TONY
Inmate Number:	152157	Date of Birth: 8/24/62 MM DD YYYY
Date of Report:	4/25/06 MM DD YYYY	Time Seen: 9:24 AM / PM COTAC

Subjective: Chief Complaint(s): Reporting "Clots" of Blood in Stool  
Onset: every time I go to the bathroom.

Brief History: Dr. Pease told me to notify you if it  
 (Continue on back if necessary)  
 Got worse - I saw him about last Tues or Wed.  
 (Denies taking ASA or Motrin)

Objective: Vital Signs: (As Indicated) T: 97.8 P: 60 RR: 12 BP: 124/92

Examination Findings:  
 (Continue on back if necessary)  
 No stool observed. No weakness or  
 acute distress noted.

Assessment: (Referral Status)  Referral NOT REQUIRED Preliminary Determination(s):  Check here for additional notes on back

Referral REQUIRED due to the following: (Check all that apply)  
 Recurrent Complaint (More than 2 visits for the same complaint)  
 Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

Instructions to return if condition worsens.  
 Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up.  YES  NO (If NO then schedule patient for appropriate follow-up visits)  
 Other:

(Describe)  
 OTC Medications given  NO  YES (If Yes List):

Referral:  NO  YES (If Yes, Whom/Where): M.D Date for referral: / /  
 MM DD YYYY

Referral Type:  Routine  Urgent  Emergent (If emergent who was contacted): \_\_\_\_\_ Time \_\_\_\_\_

x A. Blackey RN Name: A. Blackey RN  
 Nurses Signature Printed

**PHYSICIANS' ORDERS**

NAME: Fountain, Tony  
①

D.O.B. 08/26 ② 152157  
ALLERGIES: Motrin

Use Last Date 08/10/06 1045

## DIAGNOSIS (If Chg'd)

① Dic Mevacor

- ✓ New Mevacor 40mg t/m (P.W) x 100days
- ✓ Annual Chest x-ray
- ✓ Annual EKG
- ✓ BP 2x weekly x 4 weeks / 8/1/06

GENERIC SUBSTITUTION IS NOT PERMITTED

② Diclofenac

NAME: Fountain, Tony

D.O.B. 08/26/63 152157  
ALLERGIES: Motrin

Use Fourth Date 08/02/06 0845

## DIAGNOSIS (If Chg'd)

- Please fax office's notes to R. McGuire
- w/ sum for colonoscopy
- ICU visit to see R. McGuire 1-weeks
- re: eval for colonoscopy need

GENERIC SUBSTITUTION IS NOT PERMITTED

③ Diclofenac

NAME: Fountain, Tony

152157  
D.O.B. 8/26/63  
ALLERGIES: Motrin

Use Third Date 7/3/06

## DIAGNOSIS (If Chg'd)

④ Sum subletter for Colonoscopy evaluation

GENERIC SUBSTITUTION IS NOT PERMITTED

## DIAGNOSIS (If Chg'd)

- ① Mevacor 20 mg po qd x 10 days key
- ② LFT's fasting 044636 in 30 days & 90 days

GENERIC SUBSTITUTION IS NOT PERMITTED

## DIAGNOSIS

① HCU visit in 5 wk & re

② Profile 16 fasting in 30 days -

GENERIC SUBSTITUTION IS NOT PERMITTED



## PHYSICIANS' ORDERS

NAME: Fountain, Tony	D.O.B. 8/26/63	ALLERGIES: morphine	Use Last Date 09 Dec 06 1450	<input checked="" type="checkbox"/> DIAGNOSIS (If Chg'd) 21084 amylide I Fastig renotweak it not done as ordered 8/19/06 HCTZ 25mg on hold until Bp✓ Bp ✓ once daily x 14 days notify MD if ≥ 160/ Nurse is 14-20 days re Bp✓ <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony	D.O.B. 8/26/63	ALLERGIES: morphine	Use Fourth Date 09 Dec 06 0840	<input type="checkbox"/> DIAGNOSIS (If Chg'd) CBC 005000 Uas unuse to process 1st test)
NAME: Fountain, Tony	D.O.B. 8/26/63	ALLERGIES:	Use Third Date 8/18/06	<input type="checkbox"/> DIAGNOSIS (If Chg'd) HCTZ 25 mg PO QD x 30 days VM for Colonoscopy R/F A. R/F entery
NAME: Fountain, Tony	D.O.B. 8/26/63	ALLERGIES:	Use Second Date 8/18/06	<input type="checkbox"/> DIAGNOSIS (If Chg'd) 9-21-06 movut H ① Please sched colonoscopy - R/F Rectal bleeding ② Comp panel, CBC RT, liver, etc ③ Vision screen smitten
NAME: Fountain, Tony	D.O.B. 8/26/63	ALLERGIES: morphine	Use First Date 08/10/06 1105	<input type="checkbox"/> DIAGNOSIS non typhus + Bp ≥ 160/100 Nurse is 4-Weeks re Bp✓ 8/11/06 248327 amylide I Fastig in lower 100/100 Please take off order within 8/26/06

**PHYSICIANS' ORDERS**

NAME: Fountain, Tony 152157	DIAGNOSIS (If Chg'd)
	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 8/26/63	
ALLERGIES:	
Use Last Date / /	
NAME: Fountain, Tony 152157	DIAGNOSIS (If Chg'd)
	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 8/26/63	
ALLERGIES:	
Use Fourth Date / /	
NAME: Fountain, Tony 152157	DIAGNOSIS (If Chg'd)
	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 8/26/63	- Un submitted for Dr. Branchi to do colonoscopy
ALLERGIES: MIA	- Have MS. Murdoch contact Dr. Branchi office re: Pre-op orders other than Golyteely. Have them fax orders to WCC
Use Third Date 10/23/00	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony 152157	DIAGNOSIS (If Chg'd)
	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 8/26/63	STATION
ALLERGIES: motion	rotate gastro spine
Use Second Date 10/18/00 1505	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Fountain, Tony 152157	DIAGNOSIS
	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
D.O.B. 8/26/63	T4, TSH in 2 months
ALLERGIES:	- D/C MCTZ hold (orders)
Use First Date 10/16/06	<input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

## DEPARTMENT OF CORRECTION

## NURSE'S

## CVHTN CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC		ALLERGIES		
DATE/TIME 8/16/06 9:30AM		Motrin HX a treadmill? Y N		
O: VS T <sub>OP</sub> 98.6 R 20 WT 185		Date:		
BP 134/76 IF BP > 140/90 REFER TO MD/NP/PA.		HX bypass surgery: Y N		
Do you smoke?	Y N	Date:		
Use salt?	Y N			
Family History of CVHTN?	Y N			
Obese?	Y N			
Stress?	Y N			
Blurred vision	Y N			
Headache	Y N			
Fatigue	Y N			
Muscle weakness	Y N			
Polyuria	Y N			
Epistaxis	Y N	P: LABS REVIEWED		
S.O.B.	Y N	Labs ordered		
Compliant with meds	Y N	Last CMP-14		
KOP	Y N	Last EKG		
Counseled on risk factors	Y N	3/8/06		
Describe: Lifestyle Age, Race, Gender, Family HV		3/8/06		
Labs/EKG WNL	NA			
CXR if over 50	Y N			
Education Done	Y N			
Topic: What Do my Cholesterol Level mean				
Recently admitted to hospital/infirmiry	Y N	CURRENT MEDICATIONS:		
Notes:	Medications			
Dermes any chest pain or dizziness				
			Status: (circle) IMPROVED UNCHANGED WORSENED	
			Level of Control: (circle) GOOD FAIR POOR	
			CCC WITH NURSE (circle) 1, 2, 3 Months	
			CCC WITH MD (circle) 1, 2, 3, 4, 5, 6 Months	
INMATE NAME	NUMBER	AGE	RACE/SEX	SIGNATURE:
Foreman, Tony	152157	43	Bm	<i>[Signature]</i>
Control Good—BP < 140/90				
Fair—BP 140-160/90-100				
Poor—BP > 160/100				
			Status: Improved—BP < previous visit Unchanged—BP unchanged Worsened—BP increased,	

## PRISON HEALTH SERVICES

## Physician's Chronic Care Clinic

Date: 08/10/06 Time: 9:30 AM Facility: StationCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TB  
FrMA • DM • HTN • ID • PUL • SZ • TBSUBJECTIVE:

∅ colon | ② Stomach cancer died 54yo Exercise

OBJECTIVE: BP 130/80 HR 60 RR 20 Temp 98 Wt 185 Peak Flow 100% of Sat 96%

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end organ.

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, well nourished Black race

Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

Dyslipidemia

Meravon 20mg QAM

7/14/06	5/24/06	AST 24	AST 27 Chol 2495	(Acrotoins brus)
		Alt 40	Alt 51 Trig 119	Wim
		Bil 0.5	AP 89 HDL 40	big crab
		AP 77	Bil 0.4 LDL 185↑	abd B & soft
		Hep 0.125es	3/3 EKG	Bell w/
		4/13/06	6/14/06	(Odene)

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor      NIN 15.0 / 43.8      PBN indices w/ P14 244

Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
G F P	G F P	G F P	G F P	G F P	G F P	G F P
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: ① Dyslipidemia PC meravon & T Meravon 40mg QD  
low fat Diet / Daily exercise

F/U: Routine 90 days:  Other  Problem List Updated: Yes  No

② Hb rectal bleed. Dr. Pleasant had been following patient re: eval w/in colonoscopy. Dr. Corbitt will assume eval process

Physician already scheduled to see Physician/NP/PA  
him in 1-2 weeks. re: sigmoid vs colonoscopy eval

Fountain Tony

NAME

152 157

AIS#

M

GENDER

B

RACE

Shanele 3

DOB

③ Stop Up medium X meals

16

Please send this f:

must be Complete and Legible. You must Type  
with the Authorization Letter to the service provider

Date of the Appointment



## DEMOGRAPHICS

Site Name & Number: Staton 843	Patient Name: (Last, First.) Fountain, Terry	Date: (mm/dd/yy) 08/19/06
Site Phone #: (334) 567-1548	Alias: (Last, First.)	Date of Birth: (mm/dd/yy) 8/26/63
Site Fax #: (334) 567-1538	Inmate #: 152159	PHS Custody Date: (mm/dd/yy) 10/18/05
Will there be a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	SS Number: 416-98-8129	Potential Release Date: (mm/dd/yy) 3/25/07

Responsible party:  PHS  Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans )  
 Auto Ins.  Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

## CLINICAL DATA

Requesting Provider: Terry Corbin, MD	<input type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Dental	
Facility Medical Director Signature and Date: Terry Corbin 8/29/06		
<input type="checkbox"/> Service meets criteria for "approval via protocol"		
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.		
<input type="checkbox"/> Office Visit (OV)	<input type="checkbox"/> X-ray (XR)	<input type="checkbox"/> Scheduled Admission (SA)
<input type="checkbox"/> Outpatient Surgery (OS)	<input type="checkbox"/> Dialysis (DA)	
<input type="checkbox"/> Routine	<input type="checkbox"/> Urgent	
Estimated Date of Service (mm/dd/yy) <u>1/1/06</u>		
(This starts the approval window for the "open authorization period")		
Multiple Visits/Treatments:		
<input type="checkbox"/> Radiation therapy		
<input type="checkbox"/> Chemotherapy		
<input type="checkbox"/> Other:		
Number of Visits/Treatments:		
Specialist referred to: Dr. Jackson.		
Type of Consultation, Treatment, Procedure or Surgery: Colonoscopy		
Diagnosis: Persistent Lower GI bleed		
ICD-9 code:		
You must include copies of pertinent reports such as lab results, X-ray interpretations and specialty consult reports with this form.		
<input type="checkbox"/> Pertinent Documents have been attached and faxed.		
UM DETERMINATION:		
<input type="checkbox"/> Alternative Treatment Plan (explain here):		
<input type="checkbox"/> More Information Requested: (See Attached)		
<input type="checkbox"/> Resubmitted with requested information.		
Regional Medical Director Signature, printed name and date required:		

History of illness/injury/symptoms with Date of Onset:  
42 yo ♂ c/o rectal bleeding since 2/06. Pt. is concerned about ↑ bleeding in last few weeks. He has both Melena & Hematochezia.

Results of a complaint directed physical examination:  
Rectal mag  
Heme + Stool.

Previous treatment and response (including medications):  
Heme + on Rectal Exam since 3/21/06. LFT's are back to Normal.

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:	Med Class:	CPT code:	UR Auth #: 16521638
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